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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1251

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 16

06 X PLACE OF DEATH AND RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>Greenlee</u> <i>Rural</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED) A. STATE <u>Arizona</u> B. COUNTY <u>Greenlee</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Morenci</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Morenci</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps Lodge</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
CEDENT PERSONAL DATA 173 8 319	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Candelario</u> B. (MIDDLE) <u>—</u> C. (LAST) <u>Arciniega</u>		4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Feb</u> DAY <u>2</u> YEAR <u>1916</u>	8. AGE YEARS <u>33</u> MONTHS <u>1</u> DAYS <u>15</u>
	9. KIND OF BUSINESS OR INDUSTRY <u>Copper Mining</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Mexico</u>	11. CITIZEN OF WHAT COUNTRY? <u>Mexico</u>
CAUSE OF DEATH ITEM 18)	13. SOCIAL SECURITY NO. <u>None</u>		14. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	
	15. MOTHER'S MAIDEN NAME <u>Don't Know</u>		16. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	
	17. DATE OF DEATH (MONTH) <u>MARCH</u> (DAY) <u>17</u> (YEAR) <u>1949</u>		18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.	
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Feb 9</u> 19 <u>49</u> TO <u>Mar 17</u> 19 <u>49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Mar 17</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>7 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. SIGNATURE (DEGREE OR TITLE) <u>Carl H. Laws M.D.</u>	
MEDICAL CORONER'S CERTIFICATION	24. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		25. DATE <u>March 19-1949</u>	
	26. NAME OF CEMETERY OR CREMATORY <u>BUNKER FRATERNAL</u>		27. LOCATION (CITY, TOWN OR COUNTY) (STATE) <u>Morenci Ariz</u>	
	28. DATE REC'D BY LOCAL REG <u>MAR 19 1949</u>		29. REGISTRAR'S SIGNATURE <u>Guar. Stickland</u>	
FUNERAL DIRECTOR AND GISTRAR	30. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Menden</u>		31. ADDRESS <u>Clifton, Ariz</u>	